## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

<b>ADMINISTRATIVE PROCEDUR</b>	ES NOTICE FILIN	ig				
AGENCY NAME Public Employees' Retirement System		CONTACT PERSON Jane L. Mapp	The second secon		TELEPHONE NUMBER 601-359-3592	
ADDRESS 429 Mississippi Street		CITY Jackson		STATE MS	ZIP 39201	
EMAIL SUBMIT		Name or number of rule(s):				
JMapp@pers.ms.gov DATE		Regulation 35				
Short explanation of rule/amendme Regulation 35 reflect the changes in annuity, to the Pop-Up and Pop-Dow what documentation is required to verify purther, new subsections were added documentation is required to verify purther, new subsections were added documentation is required to verify purther, new subsections were added documentation is required to verify purther, new subsections were added documentation is required to verify purther, new subsections were added to verify purther, new subsections were added to verify purther, new subsections were added to verify purther, new subsections is scheduled, an oral proceeding is not scheduled, an oral ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email accomment period, written submissions including ECONOMIC IMPACT STATEMENT:	H.B. 859 of the 20 on provisions. In additify proof of dependent to clarify 1) the effector of age for any me promulgation of suspended by the proceeding must be held to should be submitted to include the name, address, and telephone in the provision of the submitted to include the name, address, and telephone in the provision of the submitted to include the name, address, and telephone in the provision of the submitted to include the name, address, and telephone in the provision of the submitted to include the name, address, and telephone in the provision of the submitted to include the name, address, and telephone in the provision of the provision of the submitted to include the name, address, and telephone in the provision of the provision o	on(s) for proposing rule/amend I Legislative Session to add O dition, applicable sections of the dent child status for survivor at fect of death on a disability retirbenefit applicant.  Trule: 25-11-15(6)  roposed rule: Regulation 35  ate: Time: Place: rule.  d if a written request for an oral proce of the agency contact person at the about the agency contact person at the about the party or parties you repr	ption 4, the 75 e Regulation I nd disability re rement applicate eding is submitte ve address within per of the person( esent. At any time	d by a political subditwenty (20) days a s) making the request within the twenty	nd-survivor fied to clarify ts, as applicable. larify what  livision, an agency or fter the filing of this est; and, if you are an r-five (25) day public	
X Economic impact statement not rec	quired for this rule.	Concise summary of	economic imp	act statement a	ttached.	
Original filing Renewal of effectiveness New rooms		rrule(s) endment to existing rule(s) eal of existing rule(s) ption by reference nal effective date: ays after filing er (specify):	FINAL ACTION ON RULES  Date Proposed Rule Filed: 04/29/2011  Action taken: Adopted with no changes in text X Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed  Effective date: 30 days after filing X Other (specify): _August 1, 2011			
Printed name and Title of person a Signature of person authorized to	uthorized to file	rules: Jane L. Mapp, Special	Assistant At	torney Genera	1	
OFFICIAL FILING STAMP	DO NO	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		JUN 2 8 2011 MISSISSIPPI		
Accepted for filing by	Accepted 1	Accepted for filing by		Accepted for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.